

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="width: 35%;"> SERIAL NO. 09/872314 FILING DATE _____ APPLICANT(S) _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.	424					
TOTAL CLAIMS	425					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CL.						